
FRACTURES AND DISLOCATIONS

All EMT-I'S in the ICEMA Region will follow the policies and procedures below in the treatment of fractures and dislocations.

1. Perform a primary survey
2. Administer high flow O₂ or ventilate as necessary
3. Treat Shock
4. Secondary survey
 - a. Be sure the obvious injury is the only injury
5. Check neurovascular status distal to injury
6. Protect injury from excessive movement
7. Immobilize the injury:
 - a. Extremity- immobilize joint above and below injury
 - b. Apply splint to injury in position found except:
 1. Femur- apply the traction splint
 2. Grossly angulated long bone fractures with distal neurovascular compromise-Apply gentle unidirectional traction to improve circulation and facilitate transport
8. Recheck neurovascular status distal to injury
9. Position of comfort unless otherwise indicated
10. Monitor vital signs
11. Transport

NOTE:

1. HAND
 - a. Splint
2. LOWER ARM
 - a. Splint adjacent joints
3. ELBOW
 - a. Splint in position.
 - b. Check circulation and neurologic status before and after splinting
4. UPPER ARM
 - a. Sling and swathe
5. SHOULDER
 - a. Splint in position of comfort
6. CLAVICLE
 - a. Sling and swathe
7. SCAPULA
 - a. Splint in position of comfort
8. RIBS
 - a. Sling and swathe

9. PELVIS

- a. Place on spine board
- b. Do not roll patient
- b. Treat for shock, if presumed
- d. Splint legs together, padding under the knees for comfort

10. FEMUR

- a. Splint- traction
- b. Treat for shock if present

11. FIBULA-TIBIA

- a. Splint adjacent joints

12. HIP

- a. Splint both legs together, pillow in between, triangular bandages

13. KNEE DISLOCATION

- a. Splint in position

14. FOOT FRACTURES

- a. Splint

15. JAW (maxillo-facial trauma)

- a. Maintain airway
- b. Suction as necessary
- c. Consider C-spine immediately
- d. Position patient to maintain a patent airway
- e. Collect broken teeth, place in moist, sterile saline gauze and plastic bag

16. TRAUMATIC AMPUTATIONS

- a. Control bleeding
- b. Care of amputated part:
 - 1. Rinse amputated part gently with sterile irrigation saline to remove loose debris/gross contamination
 - 2. Place amputated part in dry, sterile gauze and in a plastic bag surrounded by ice; prevent direct contact